1306227

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

ON Ex, Esi	04047398

SEC	USE OF	VLY
Prefix		Serial
DA	TE RECEIV	ED

Name of Offering (check if this is an amendme Private placement of limited partnership interests	ent and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule Type of Filing: New Filing Amendment	e 504 Rule 505 Rule 506 Section 4(6)	
	A. BASIC IDENTIFICATION DATA	ESCORENEO
1. Enter the information requested about the issuer		COCT -
Name of Issuer (check if this is an amendment Intrinergy Equity Partners, L.P.	and name has changed, and indicate change.)	3 2004
Address of Executive Offices - 13522 Kingsmill Road, Richmond, Virginia, 23113	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (804) 740-5363
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code) PROCESSED	Telephone Number (Including Area Code)
Brief Description of Business Investing in project companies that will co-locate and op assets Type of Business Organization corporation business trust Iimited	erate gasification process equipment, environmental techn TMOMSON FIGURALICATION	nologies and other renewable energy generating
Actual or Estimated Date of Incorporation or Organization: (Ente		mated
CONTRACTOR CONTRACTOR		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDE	ENTIFICATION DATA		
Enter the information re	equested for the fol	llowing:			
• Each promoter of	the issuer, if the iss	suer has been organized w	ithin the past five years;		
• Each beneficial ow	ner having the pow	er to vote or dispose, or dir	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
 Each executive off 	ficer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
 Each general and r 	managing partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Intrinergy, LLC	if individual)				
Business or Residence Addre 13522 Kingsmill Roa	,	Street, City, State, Zip Co I, Virginia, 23113	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Goodwin III, W. Hur	nter				
Business or Residence Addre		•			
9030 Stony Point Par	rkway, Suite 5	80, Richmond, VA,	23235		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			***************************************	
Goodwin, Matthew	Tolley				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
911 Highland Terrace	e, Atlanta, GA,	, 30306			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				The Application of the Applicati
Level One Partners,	, LLC				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
630 Ivy Lane, Charlo	ttesville, VA, 2	3229			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Bates, Evan	-				
Business or Residence Address 10406 Lawnmeadow		Street, City, State, Zip Cond. VA. 23233	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Keppler, John					
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
7508 Lynn Drive, Ch	evy Chase, M	D, 20815			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Meth, Thomas	,				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)		
2017 Grove Avenue,	Richmond, V	A, 23220			
			additional copies of this	sheet, as necessary	<i>(</i>)

		A. BASIC IDI	ENTIFICATION DATA		
Enter the information re-	quested for the fol	lowing:			
• Each promoter of the	he issuer, if the iss	uer has been organized w	ithin the past five years;		
• Each beneficial own	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
• Each executive offi	cer and director of	f corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and
 Each general and m 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, it Holland, Matt	f individual)				
Business or Residence Addres 2721 Peverell, Charl		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			-	
Markee, Matt	·				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
13522 Kingsmill Road	I, Richmond, \	/A, 23113			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Hintz, Norb					
Business or Residence Addre		Street, City, State, Zip C	ode)		
2 Bayou Court, Maud	lin, SC, 29662				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				710
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
D D Add-	as Olimphas and	Street City State 7in C	'ada'		
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	The first light			
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	(ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
	(Use bla	ank sheet, or copy and use	e additional copies of this	sheet, as necessary)

					B. IN	FORMATI	ON ABOU	r offeri	NG				
1.	Has the	issuer solo	l, or does th			l, to non-ac				-		Yes 🔽	No
2.	What is	the minim	um investm					-				\$10	0,000.00
												Yes	No
3.		-	permit joint	•								?	
4.	commis If a pers or states	sion or sim on to be lis s, list the na	tion request ilar remuner ited is an ass ame of the ba you may se	ration for s ociated per roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok re than five	ers in conne er or dealer e (5) person	ection with registered s to be liste	sales of sec with the Si ed are assoc	urities in th EC and/or	ne offering. with a state		
Ful	l Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)					7. W1	
Na	me of As	sociated Br	roker or Dea	aler	, T 70 t								
Sta	ites in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
-	(Check	"All States	s" or check	individual	States)	•••••		•••••					l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Fu	Il Name (Last name	first, if indi	vidual)								21.00	
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of As	sociated B	roker or De	aler								- N	· · · · · · · · · · · · · · · · · · ·
Sta	ites in WI	nich Persor	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)	•••••••••••••••••••••••••••••••••••••••							I States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Fu	Il Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	ates in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individua	States)		.,,,,,,,,					. 🗆 A	II States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate ffering Pric	e	Am	ount Already Sold
	Debt	\$	0	.00	\$	0.00
	Equity				\$	
	Common Preferred			_		
	Convertible Securities (including warrants)	\$	0	.00	\$	0.00
	Partnership Interests			.00	<u> </u>	19,255,000.00
	Other (Specify)	s -	0	.00	\$	0.00
	Total			.00	\$	19,255,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Do	Aggregate Illar Amount f Purchases
	Accredited Investors			24	\$	19,205,000.00
	Non-accredited Investors			1	\$_	50,000.00
	Total (for filings under Rule 504 only)			25	\$_	19,255,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		Type of Security		D	ollar Amount Sold
	Rule 505				\$_	0.00
	Regulation A				\$_	0.00
	Rule 504				\$_	0.00
	Total				\$	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees	• • • • •			\$	0.00
	Printing and Engraving Costs				\$	0.00
	Legal Fees			V	\$_	50,000.00
	Accounting Fees				\$	0.00
	Engineering Fees				\$	0.00
	Sales Commissions (specify finders' fees separately)				\$	0.00
	Other Expenses (identify)				\$	0.00
	Total			\Box	\$_	50,000.00

b. Enter the difference between the aggregate offering price given in response to Part C — Q and total expenses furnished in response to Part C — Question 4.a. This difference is the "adju proceeds to the issuer."	isted gross		\$ <u>19,2</u>	05,000.00
. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to b each of the purposes shown. If the amount for any purpose is not known, furnish an esticheck the box to the left of the estimate. The total of the payments listed must equal the adjust proceeds to the issuer set forth in response to Part C — Question 4.b above.	imate and		t .	· · · · · · ·
	O: Dire	ments to fficers, ectors, & iliates	•	rments to Others
Salaries and fees	🗀 \$	0.00	□\$_	0.00
Purchase of real estate	🗆 \$	0.00	□\$_	0.00
Purchase, rental or leasing and installation of machinery and equipment	— e			0.00
Construction or leasing of plant buildings and facilities			☐ °	0.00
	\$	0.00	□\$	0.00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another				
issuer pursuant to a merger)			\$	0.00
Repayment of indebtedness		•	□\$_	0.00
Working capital	🗀 \$	0.00	□\$_	0.00
Other (specify): Organizational expenses and general corporate purposes				
	 	0.00	লি\$_	19,205,000.00
Column Totals	_		— □\$	19,205,000.00
Total Payments Listed (column totals added)		F) \$		0.00
D. FEDERAL SIGNATURE		_	SASSAS.	
D. FEDERAL SIGNALURE				State And to
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. It ignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchanghe information furnished by the issuer to any non-accredited investor pursuant to paragraph	ge Commission,	upon writte		
ssuer (Print or Type)	Date			
Intrinergy Equity Partners, L.P.	— i	0/14/	04	
Name of Signer (Print or Type) Title of Signer (Print or Type)				
John Kepphr President of Fistrine	evan lee	the is	5 00er's	s general

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)